

Emergency Management Certification Program Sponsorship Form

Note: Applicant completes top portion of the form and then submits to Sponsor. If approved, Sponsor submits this form to HSEM Training for acceptance into the identified Emergency Management Program.

Applicant:

Applicant Name: _____

Current Position: _____

County/City/Tribe/State Agency/Organization you are representing: _____

Address: _____

Phone Number & Email Address: _____

Applicant Signature

Date

Sponsor Endorsement:

“By signing below, I as County/City/Tribal Emergency Management representative, verify this applicant serves in an emergency management role and endorse his/her participation in the HSEM’s Certification Program.” Sponsor, please complete the requested information, sign, and send one copy to HSEM.Training@state.mn.us

County/City/Tribal Emergency Management Representative Name:

County/City/Tribe being represented: _____

Phone Number: _____

Email Address: _____

Sponsorship Signature

Date

For HSEM Use Only:

Date Form Reviewed: _____

Application Approved: ☐ Yes ☐ No

HSEM Staff Name (print): _____

Date Applicant notified of Acceptance or Denial into the Program by HSEM: _____

Comments: _____